



Journey Level - Master Development Plan

EVMS Specialist Certification Program (ESCP)

Member Name: _____

Position Title: _____

Series and Grade: _____

Supervisor Name: _____

Long Term Goals of Member (5 -10 years)

- _____

- _____

Short Term Goals of Member (1-5 years)

- _____

- _____

- _____

Signature

Date

Member: _____ / _____ / _____

Supervisor: _____ / _____ / _____

Course Completion Tracking

Required DAU Courses for Journey Level Certification	
Course #/Title	Date Completed/Notes
ACQ 201A, Intermediate Systems Acquisition, Part A	
ACQ 201B, Intermediate Systems Acquisition, Part B	
BCF 203, Intermediate Earned Value Management	
BCF 205, Contractor Business Strategies	
BCF 211, Acquisition Business Management	
CLM 017, Risk Management	
CLM 024, Contracting Overview	
CLB 019, Estimate at Completion	
CLB 020, Baseline Maintenance	

Required DCMA Courses for Journey Level Certification	
Course #/Title	Date Completed/Notes
EVMS203, Critical Path Analysis	

Required OTHER Courses for Journey Level Certification	
Course #/Title	Date Completed/Notes
EVMS205 (GraduateSchool.edu), Report Writing Course	

Recommended DAU Courses for Journey Level Certification	
Course #/Title	Date Completed/Notes
BCF 206, Cost/Risk Analysis	
BCF 207, Economic Analysis	
BCF 208, Software Cost Estimating	
BCF 215, Operating and Support Cost Analysis	
CLC 005, Simplified Acquisition Procedures	
CLC 007, Contract Source Selection	
CLC 010, Proper Use of Non-DoD Contracts	
CLC 106, Contracting Officer's Representative with a Mission Focus	

Work Experience Tracking

Required Experience	
Description	Date Completed/Notes
1) Achieved all Entry level requirements	
2) Choose the following as appropriate: (PAVs and IVs are not considered "Compliance Reviews") 2a) (required) HQ (Ops or E&A) Only: Serve as an Area Lead on three out of five areas on Compliance Reviews 2b) (choose 2b or 2d) Non-EVM HQ Only: Two years leading system surveillance in accordance with the Standard Surveillance Instruction (SSI) 2c) (required) Non-EVM HQ Only: Serve as an Interview Lead on one Compliance Review (sign up by sending an email to ESCPBoard@dcma.mil) 2d) (choose 2d or 2b) Non-EVM HQ Only: Two years performing predictive analysis in accordance with the Major Program Support (MPS) Instruction	
3) Four years of professional experience with job responsibilities related to Earned Value Management disciplines such as: system surveillance, predictive analysis, or compliance reviews in support of an acquisition program	
4) One year of receiving OJT/Mentoring provided by an EVMS Expert level DCMA peer	
5) One year providing OJT/Mentoring for a DCMA peer at the Entry level	
6) Actively participate in one EVM conference/working group/technical interchange meeting in support of a presenter or panel member	

Desired Experience	
Description	Date Completed/Notes
1) Lead one EVM Division process/policy/training revision team	



Journey Level ESCP Progress Report and Evaluation

Member and Supervisor assess Member progress/skills with respect to the MDP.

PART I: Annual Progress Report (to be completed by Member)

Member Name: _____

Position Title: _____

Series and Grade: _____

Supervisor Name: _____

TIME PERIOD: From ____/____/____ To ____/____/____

COURSES COMPLETED

- Include the course number and completion date
- List all MDP coursework completed including required, recommended, or other

<i>Course # (e.g. EVMS100)</i>	<i>Completion Date</i>

WORK EXPERIENCE

- Include a thorough description and start/stop dates of the activity
- List “ongoing” as the date if the activity has not finished
- List all MDP required activities as well as any other meetings, conferences, etc that are EVM-related

<i>Description</i>	<i>Start Date</i>	<i>Stop Date</i>

OVERALL SELF ASSESSMENT

- Use this page to write at least one paragraph describing your progress in the ESCP during the past year
- Discuss how your coursework and work experiences were beneficial during the past year
- Discuss your strengths and areas for improvement
- Discuss difficulties encountered (e.g. application denied for a ESCP required course)

Self Assessment:

Signature

Date

Member: _____ / _____ / _____

PART II: Annual Progress Report (to be completed by Supervisor)

SUPERVISORY ASSESSMENT

- Assess progress based upon each of the items listed below. Include any relevant inputs from external sources as well (e.g. other supervisors, peer feedback, etc)
- Cite specific examples of accomplishment and avoid using general terminology
- Discuss any areas for improvement and any problems encountered that were beyond the Member's control

1) Progress in acquiring knowledge of the Earned Value Management process.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

2) Progress in applying knowledge of the Earned Value Management process to daily job functions.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

3) Progress towards achieving Journey level certification in the ESCP.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

4) Progress in developing leadership skills and gaining leadership experience.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

5) Assess ability to manage, task, make decisions, prioritize workload, and identify and solve problems.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

6) Progress in acquiring knowledge of interpersonal and communication skills. Assess written and oral skills, consider use of proper grammar, ability to represent and convey thoughts clearly, and performance in meetings, presentations, and effectiveness in working with others.

Below

Meets

Exceeds

COMMENTS: (provide a one or two paragraph justification for the rating provided)

GENERAL OBSERVATIONS AND COMMENTS:

Describe the Member's performance and their potential for advancement based upon that performance.

COMMENTS: (provide a one or two paragraph statement)

SUPERVISORS OVERALL RATING

- Consider the Member's overall progress in achieving Journey level certification within two years – are they on track?
- Consider how the Member has supported this ESCP – do they demonstrate a willingness to complete the coursework and work experience requirements?
- Consider how the Member has utilized the required coursework and work experience of this ESCP to benefit daily job functions – are they applying what they have learned?
- Consider the ratings provided above

Outstanding

Exceeds Fully Successful

Fully Successful

Minimally Successful

Unacceptable

COMMENTS: (provide a one or two paragraph statement which supports the selected rating)

Signature

Date

Member: _____ / _____ / _____

Supervisor: _____ / _____ / _____